

Texas Department of Health

EMS SKILLS EXAMINER EVALUATION

Instructions to the Evaluator: Each performance criterion must be marked with a YES or NO. Each NO criterion must be explained, with written narration or specific performance. ALL criterion statements must be marked YES for the examiner candidate to successfully pass the evaluation. The evaluator and examiner candidate must sign and date this evaluation.

Examiner Candidate Name _____ Date _____

Testing Site _____ Skill Station _____

A. INSTRUCTIONS AT EXAM STATION

The examiner candidate:

1.0 clearly stated directions.

1.1	Pronounced words clearly/correctly	YES	NO
1.2	Stated expectations for station and assigned candidates role in scenario	YES	NO
1.3	Asked whether candidates had initial questions, and responded appropriately	YES	NO

Explain each criterion marked NO:

B. ADMINISTERING THE EXAMINATION

The examiner candidate:

2.0 maintained a professional and impartial attitude.

2.1	Did not show preference towards one agency, sex or race over another by facial expression, tone of voice, gestures or other mannerisms	YES	NO
2.2	Did not interrupt, distract, assist or provide answers to exam situation	YES	NO

Explain each criterion marked NO:

C. ENVIRONMENT and EQUIPMENT

The examiner candidate:

3.0 insured that the environment was conducive to testing and the equipment was appropriate and functional.

3.1	Environment was private and conducive to testing	YES	NO
3.2	Equipment was appropriate and functional	YES	NO

Explain each criterion marked NO:

D. EVALUATING THE CANDIDATE AND SCORING PERFORMANCE

The examiner candidate:

4.0 accurately and objectively evaluated each candidate's performance using the proper scoring procedure.

4.1	Scored each step according to skills criteria, with minimum passing points and absolutes recorded accurately	YES	NO
4.2	Consistent in grading	YES	NO
4.3	Wrote documenting comments, justifying points deducted in scoring	YES	NO

Explain each criterion marked NO:

____ SATISFACTORY All of the criterion statements are marked YES.

____ UNSATISFACTORY One or more of the criterion statements are marked NO.

Candidate Signature

Date

Evaluator Signature

Date